

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04084  
Reg. Dist. No. 290

## 1. PLACE OF DEATH

County..... Talbot  
City or town..... Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

David William Allen  
Male white Single

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Sept. 1945  
Years      Months      Days      If less than one day  
7                  12 hrs.      50 min.

9. Birthplace.....

(Town, county, and state) Delaware

10. Usual occupation.....

11. Industry or business.....

Clarence Allen

13. Birthplace..... Md.

14. Maiden name..... Miss Louise Allen

15. Birthplace..... Maryland - Gaithersburg

16. Informant.....

Memorial Hospital

Address.....

Easton Md.

17. Burial (Burial, cremation, or removal, which?)

Date thereof..... 4/23/46  
(month) (day) (year)

Cemetery or crematory.....

Henderson

Location.....

Henderson Md

Clarence Allen

18. Funeral director.....

Goldberg Md

Address.....

4/29 1946 H. H. Nease

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline  
City or town..... Rehoboth  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 21 1946 at 1:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-20-1946 to 4-21-1946

and that I last saw him alive on 4-20-1946

Immediate cause of death.....

Toasted - enteritis cause  
not determined

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE..... B. Cox M.D.

M. D. or other

Address..... Easton Md Date signed..... 4-21-46

RECEIVED

APR 29 1946

BUREAU F B I

St. V. Palmer  
W. V. Palmer  
T  
VS A15  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Bd

04085

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot CountyCity or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## 3. (a) FULL NAME

George Barnes

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

widowed

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age.....years

May 2, 1858

8. AGE:

Years

Months

Days

If less than one day

87

hrs.

min.

9. Birthplace.....

(Town, county, and state)

St. Michaels, Md.

10. Usual occupation.....

Retired

11. Industry or business

Oyster Inspector

FATHER

12. Name.....

James P. Barnes

13. Birthplace

Baltimore, Md.

14. Maiden name.....

Louisa Plummer

15. Birthplace

St. Michaels, Md.

16. Informant.....

Daniel P. Barnes

Address

St. Michaels, Md.

17. Burial

Date thereof April 16, 1946

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Clairt

Location

St. Michaels, Md.

18. Funeral director

Neuman & Harrison

Address

St. Michaels, Md.19. 4/1719 46D. H. Neuris

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

4-16-4619 46, at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr. 719 46to April 1619 46and that I last saw him alive on April 1519 46to April 1619 46Immediate cause of death Myocarditis

DURATION

Due to Cerebral vascular accidentCardiovascular diseaseDue to ArteriosclerosisOther conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

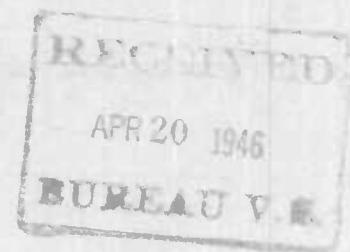
Means of injury

Injured at work?

23. SIGNATURE M. V. Palmer

M. D. or other

Address Caston, Md.Date signed 4/17/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

64086

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: *Baltimore*

County

*Royal Oak*

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death:

Hospital, Institution, or street address where death occurred:

*no*

How long in hospital or institution?

*no*

## 3. (a) FULL NAME

*Hattie M Bentley*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Female A.A. Married*(b) Name of husband or wife *Frank Bentley**alive*6. (c) If alive, give age *now* years7. Birth date of deceased (mo., day, yr.) *about 1897*8. AGE: Years *about 78* Months  Days  If less than one day about hrs.  min. 9. Birthplace *Royal Oak* (Town, county, and state)10. Usual occupation *Housewife*11. Industry or business *Same as above*12. Name *Henry Stevens*13. Birthplace *Miles River*14. Maiden name *Sarah Compton*15. Birthplace *Royal Oak*16. Informant *Frank Bentley*Address *Royal Oak Md*17. Burial *Burial* Date thereof *Apr 4-1946*  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *St Paul*Location *Royal Oak Md*18. Funeral director *James J Stewart*Address *Baltimore MD*19. *April 2 1946 John Townsend*

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

*Md*

County

City or town

*Royal Oak*

Street No.

*no*

2. (a) If veteran, name war:

## 3. (b) Social Security Number

*no*

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*April 1, 1946*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 15 1945* to *April 1, 1946* and that I last saw her alive on *April 1, 1946*.

Immediate cause of death

*Acute heart disease*

DURATION

Due to

*The Crematorium Cr*1 hr  
3 mos

Due to

*Age*

Other conditions

*Hypertension*

(Include pregnancy within 3 months of death)

Major findings of operations

*None*Date of op. *✓*

Autopsy results

*None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *✓* Date of *✓*

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

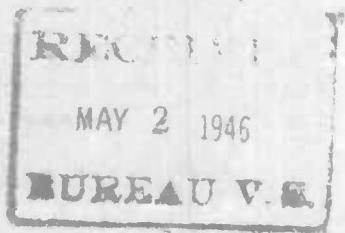
*Pistol*Injured at work? *✓*

23. SIGNATURE

*J. Brewster III*

M. D. or other

Address *Steele's Rd* Date signed *Apr 2 1946*



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

832

## CERTIFICATE OF DEATH

Reg. Dist. No.

04087294

## 1. PLACE OF DEATH:

County..... Talbot

City or town..... Md. Daniel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 65 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Susan A. Berry

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

W. Frederick Berry

7. Birth date of deceased (mo., day, yr.)

July 23 1866

6. (c) If alive, give age..... years

8. AGE:

Years 79 Months Days

If less than one day

hrs. min.

9. Birthplace

Essex, Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Barber Baker

MOTHER FATHER

12. Name

Clarissa Baker

13. Birthplace

Maine

14. Maiden name

Clara A. G. Smith

15. Birthplace

Talbot Co., Md.

16. Informant

Mrs. Lawrence Stewart

Address

Md. Daniel, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof April 20, 1946

(month) (day) (year)

Cemetery or crematory

Spring Hill Cemetery

Location

Easton, Md.

18. Funeral director

Newman &amp; Harrison

Address

St. Michaels, Md.

19. Date rec'd by registrar

1946 Anna C. Thomas

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md.

City or town..... Md. Daniel

County..... Talbot

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12, 1946, at 1:40 P.M.

1946 to April 13, 1946

and I last saw her alive on April 17, 1946

Immediate cause of death

Cerebral Hemorrhage 24 L

Due to Abnormal posture  
Sclerotic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

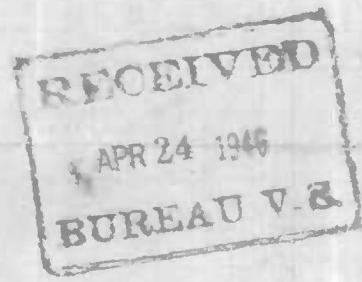
23. SIGNATURE

Mary M. Peale

Talbot Co., Md. April 15, 1946

Address

(Date signed)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

04088

290

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Hawthorn Ave.

How long in hospital or institution?.....

## 3. (a) FULL NAME

J. Fletcher Cooper

4. Sex

m.

5. Color or race

w.

6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mary Cooper

(Sic) If alive, give age.....

52

years

7. Birth date of

deceased (mo., day, yr.)

July 4, 1868

## 8. AGE:

Years

84

Months

9

Days

6

If less than one day

hrs.

min.

## 9. Birthplace.....

Tuckertown, Maryland

(Town, county, and state)

## 10. Usual occupation.....

Merchant

## 11. Industry or business

James Cooper

MOTHER FATHER

12. Name.....

Jane Cooper

13. Birthplace.....

Md.

14. Maiden name.....

—

15. Birthplace.....

—

16. Informant.....

Mrs. Mary Cooper

Address

Eaton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory

Springfield Cemetery

Location

Eaton, Md.

## 18. Funeral director.....

Reliable

Address

Eaton, Md.

19. Date rec'd by registrar.....

4/12/46

1946

N.H. Neerius

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Tuckertown

City or town.....

Eaton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Hawthorn Ave.

(If rural, give LOCATION)

## 2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 10, 1946 at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1944 to April 10, 1946

and that I last saw him alive on April 10, 1946

## Immediate cause of death

Cerebral Thrombosis

DURATION

8 hours

Due to Asthma chronic

Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

M. V. Palmer

M. D. or other

Address... Eaton, Maryland Date signed 4/12/46

RECEIVED

APR 15 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

64689

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County.....

S. J. Gilbert

City or town.....

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 da.

Hospital, institution, or street address where death occurred:

Memorial Hospital

3 da.

How long in hospital or institution?.....

## 3. (a) FULL NAME

Emma Dean

4. Sex

5. Color of face

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or wife

Harriet Elizabeth Dean

April 7, 1873

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years

Months

Days

If less than one day

73

17

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Maryland  
housewife

10. Usual occupation.....

11. Industry or business

MOTHER FATHER

12. Name.....

William H. Sparks

13. Birthplace.....

Maryland

14. Maiden name.....

Harriet Elizabeth Walls

15. Birthplace.....

Maryland

16. Informant.....

Leonard Sparks (Brother)

Address

Ruthsburg, Md

17. Burial

(Burial, cremation, or removal, which?)

Date thereof.....

5/28/46  
(month) (day) (year)

Cemetery or crematory.....

Devotion

Location.....

Devotion

18. Funeral director.....

J. Virgil Mooreson

Address

Devotion, Md.

19. Date rec'd by registrar

4/26/46

19. 46

N.H. Deering

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Queen Anne

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

April 25

1946 at 745 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 22 to April 26, 1946, to April 25, 1946

and that I last saw her alive on April 24, 1946

Immediate cause of death.....

Cardiac renal disease

DURATION

3 month

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

P. Cox M.D.

M. D. or other

Address.....

Easton, Md.

Date signed..... 4-26-46

SEARCHED

MAY 14 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 42

## CERTIFICATE OF DEATH

040.90

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Dixon

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

w.

Married

6. (b) Name of husband or wife

Elizabeth P. Wright

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.)

May 4, 1872

8. AGE:

Years

Months

Days

If less than one day

73 11 14

hrs. min.

9. Birthplace

Talbot Md.

(Town, county, and state)

10. Usual occupation

Barber &amp; Farmer

11. Industry or business

Robert J. Dixon

12. Name

Md.

13. Birthplace

Md.

14. Maiden name

Amanda Anna

15. Birthplace

Md.

16. Informant

Mrs. James Dixon

Address

Easton Md.

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof April 19, 1946

(month) (day) (year)

Cemetery or crematory

Springfield

Location

Easton Md.

18. Funeral director

Bell Telephone

Address

Easton Md.

19. Date rec'd by registrar

4/18 1946

19. 4/18 1946

N. H. Neerius

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

217019399

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 17

1946

at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10th 1945 to April 17th 1946

and that I last saw him alive on April 17th 1946

Immediate cause of death Ague Convulsions

of Decaying Colon and

Signs of

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

William D. Seymour

M. D. or other

Address

Easton Md.

Date signed 4/20/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

04091

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

City or town

Talbot.  
Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lavinia L. Elliott

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored Married

6. (b) Name of husband or wife

Robert Elliott

7. Birth date of deceased (mo., day, yr.)

Dec. 2 - 1904

6. (c) If alive, give age

41

years

8. AGE:

Years Months Days If less than one day  
41 4 10 hrs. min.

9. Birthplace

Drytown, Easton, Md. (Rural)

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

George Tripple

12. Name

George Tripple

13. Birthplace

Drytown, Rural Easton, Md.

14. Maiden name

Unknown

15. Birthplace

Drytown, Md.

16. Informant

Robert Elliott

Address

Easton, Md.

17. Burial

Date thereof. Apr. 15-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Clapell Cemetery

Location

Clapell, Easton, Md.

18. Funeral director

John D. Williams

Address

Easton, Md.

19. 4/13

Date rec'd by registrar

19. 4/6.

D. H. Morris

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Md. County Talbot.

City or town

Easton. (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

212-12-34603

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Apr. 12 1946, at 11 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 12, 1946, to April 12, 1946,

and that I last saw her alive on April 12, 1946.

Immediate cause of death

Left ventricular failure

Due to

Aortic regurgitation

DURATION

2 hrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

## 23. SIGNATURE

William S. Seymour M. D. or other

Address

Easton, Md. Date signed 4/13-46

RECEIVED

APR 20 1946

BUREAU V.E.

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

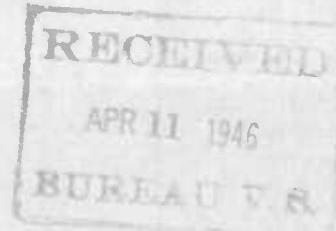
2411 N. Charles St., Baltimore

04692

Reg. Diat. No....290...

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:		<i>Talbot</i>	
County.....		<i>Easton</i>	
City or town.....		(If outside city or town limits, write RURAL and give nearest town) <i>9 das.</i>	
How long in above place of death?		<i>9 das.</i>	
Hospital, institution, or street address where death occurred: <i>Easton Memorial Hospital</i>		(If outside city or town limits, write RURAL and give nearest town) <i>9 das.</i>	
How long in hospital or institution?		<i>9 das.</i>	
3. (a) FULL NAME		<b>ROBERT TYLER HARRISON</b>	
4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced <i>Male</i> <i>White</i> <i>Married</i>	
B. (b) Name of husband or wife <i>Hattie Jones Harrison</i>		6. (c) If alive, give age..... <i>61</i> years	
7. Birth date of deceased (mo., day, yr.) <i>Sept. 29, 1877</i>		8. AGE: Years      Months      Days      If less than one day <i>68</i> <i>6</i> <i>20</i> hrs.      min.	
9. Birthplace <i>Talbot Co., Md.</i> (Town, county, and state)		10. Usual occupation <i>Farmer and Stock Dealer</i>	
11. Industry or business <i>Petitions J. D. Harrison</i>		12. Name <i>William J. D. Harrison</i>	
13. Birthplace <i>Md</i>		14. Maiden name <i>Connie Williams</i>	
15. Birthplace <i>Md</i>		16. Informant <i>Mrs. Claude Sweet (Sister)</i>	
17. Burial (Burial, cremation, or removal, Which?) <i>Burial</i>		Date thereof (month) (day) (year) <i>April 4, 1946</i>	
Cemetery or crematory <i>Spring Hill</i>		Location <i>Easton, Md.</i>	
18. Funeral director <i>R. C. Clark</i>		Address <i>Easton, Md.</i>	
19. Date rec'd by registrar <i>4/2 1946</i>		Date signed <i>7-21-1946</i>	
Registrar			
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		State..... <i>Maryland</i> County..... <i>Talbot</i>	
City or town.....		(If outside city or town limits, write RURAL and give nearest town) <i>Blaiborne</i>	
Street No.....		(If rural, give LOCATION)	
2. (a) If veteran, name war		3. (b) Social Security Number	
MEDICAL CERTIFICATION			
20. DATE OF DEATH <i>April 1, 1946</i>		19. at 11:20 A.M.	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <i>March 15, 1946</i> to <i>April 1, 1946</i> , and that I last saw him alive on <i>April 1, 1946</i> .			
Immediate cause of death <i>Congestive Heart Failure</i>			
Due to... <i>Myocardial Stenosis</i>			
Due to <i>Pneumonia Cardiosclerosis</i> 40 yrs			
Other conditions <i>Arteritis</i>			
(Include pregnancy within 3 months of death)			
Major findings or operations			
Date of op.			
Autopsy results			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following:			
Accident, suicide, or homicide		Date of	
Where did injury occur? (City or town)		(County) (State)	
Injured at home, farm, industry, public place (where?)			
Means of injury		Injured at work?	
23. SIGNATURE <i>M. V. Palmer M.D.</i>		M. D. or other	
Address <i>Easton, Maryland</i>		Date signed <i>April 5, 1946</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

## CERTIFICATE OF DEATH

Dr Lewis  
04093

Reg. Dist. No. 290

1. PLACE OF DEATH: Talbot  
County.....

City or town..... Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Carrie Jackson

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Benj Jackson

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1896 8. (c) If alive, give age 50 years

8. AGE: Years 50 Months - 22 Days  If less than one day

9. Birthplace Bellevue, Md.  
(Town, county, and state)

10. Usual occupation Cyber Shucker

11. Industry or business Jacob Goldsborough

12. Name Jacob Goldsborough  
MOTHER FATHER Bellevue, Md.

13. Birthplace Bellevue, Md.

14. Maiden name Harriet Adams  
MOTHER Bellevue, Md.

15. Birthplace Bellevue, Md.

16. Informant Aubrey Goldsborough

Address Bellevue, Md.

17. Burial Burial Date thereof Apr. 12, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Luke Cemetery

Location Bellevue, Md.

18. Funeral director John Williams

Address Easton, Md.

19. 4/10 1946 N. L. Devereux  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (b) Social Security Number \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 8, 1946 19 46, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1946 to April 8, 1946

and that I last saw her alive on April 8, 1946 19 46.

Immediate cause of death Lobar Pneumonia; duration 8 to 10 days

Due to Spurred resistance and suppuration cured op.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation  Date of op. c

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of

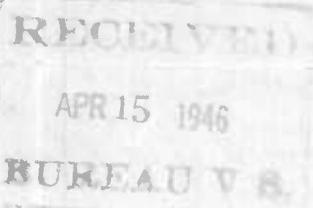
Where did injury occur?  (City or town)  (County)  (State)

Injured at home, farm, industry, public place (where?)

Means of injury  Injured at work

23. SIGNATURE J. Shaw M. D. or other St. Michaels, Md.

Date signed 4.9.46





MARGIN RESERVED FOR BINDING

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**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

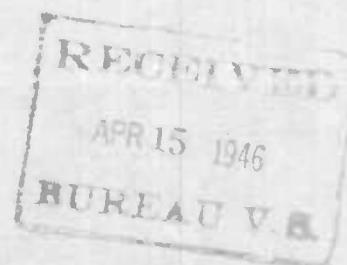
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14

## CERTIFICATE OF DEATH

(14094) Reg. Dist. No. 290

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... City or town..... (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Hospital, institution, or street address where death occurred: <i>Easton Memorial Hospital</i>		Street No. .... (If rural, give LOCATION)	
How long in hospital or institution?		2.(a) If veteran, name war..... <input checked="" type="checkbox"/>	
3. (a) FULL NAME <b>ELLA VIRGINIA JOHNS</b>		3. (b) Social Security Number <b>215-16-3824</b>	
4. Sex <b>Female</b>		5. Color or race <b>Colored</b>	6.(a) Single, married, widowed, or divorced <b>Single</b>
6.(b) Name of husband or wife..... —		6.(c) If alive, give age.....years —	
7. Birth date of deceased (mo., day, yr.) <b>January 12, 1920</b>		8. AGE: Years      Months      Days      If less than one day <b>26      2      25</b> .....hrs. .....min.	
9. Birthplace <b>Talbot Co. Md.</b> (Town, county, and state)		10. Usual occupation. <b>Domestic</b>	
11. Industry or business <b>At Home</b>		12. Name <b>Thomas Edward Johns</b>	
13. Birthplace <b>Maryland</b>		14. Maiden name <b>Mary Ella Brooks</b>	
15. Birthplace <b>Maryland</b>		16. Informant <b>Thoy Bix Brooks Johns</b>	
17. Burial, cremation, or removal. Which? (Burial, cremation, or removal. Which?) <b>Burial</b>		Date thereof (month) (day) (year) <b>April 9, 1946</b>	18. Funeral director <b>John Clark Lewis</b>
Cemetery or crematory <b>Williamsburg Cemetery</b>		Address <b>Easton, Md.</b>	19. Date rec'd by registrar <b>4/9</b>
Location <b>Easton, Md. (Burial)</b>		Address <b>Easton, Md.</b>	19. M. D. or other <b>N.H. Neerius</b>
Means of injury		Injured at work? <input checked="" type="checkbox"/>	
23. SIGNATURE <i>J. Tyler Baker M.D.</i>		Date signed <b>4/9/46</b>	
Address <i>Easton, Md.</i>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth  
date of deceased is shown on  
FILM No. I 04 MAY 20 1946

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9<sup>th</sup>

## CERTIFICATE OF DEATH

04095

290

Reg. Dist. No.....

## 1. PLACE OF DEATH

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

*Thor Edward Johns*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Male Colored Widowed*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *Feb. 2, 1852* 18628. AGE: Years *84* Months *2* Days *16* If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace *Dorchester Co. Md.*  
(Town, county, and state)10. Usual occupation *Fanner*

## 11. Industry or business

12. Name *Wm. E. Johns*  
13. Birthplace *Dorchester Co. Md.*14. Maiden name *Henrietta Benson*  
15. Birthplace *Dorchester Co. Md.*16. Informant *Henrietta Jewell*Address *Easton, Md.*  
17. Burial Date thereof *Apr. 22, 46*  
(Burial, cremation, or removal. Which?) Date (month) (day) (year)Cemetery or crematory *Wellesburg Cemetery*Location *Wellesburg, Easton, Md.* Rural18. Funeral director *John D. Williams*Address *Easton, Md.*19. *4/20* 1946 N.H. Davis  
(Date fee'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State *Md.*County *Talbot*City or town *Easton*

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

*None*

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*April 18 1946*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*June 4 1844* to *April 18 1946*  
and that I last saw him *alive* on *April 18 1946*

Immediate cause of death

*Chronic Endocarditis*

DURATION

*3 yrs.*

Due to

Due to

Other conditions

*Bronchial Asthma**4 yrs.*

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

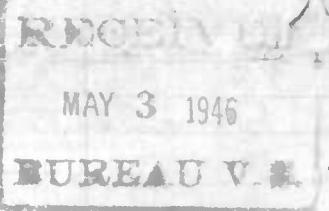
23. SIGNATURE

*Hayward T. Bell, M.D.*

M. D. or other

Address

*Easton, Md.*Date signed *4/20/46*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

04095

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... *Baltimore*City or town... *Baltimore*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *1 yr.*

Hospital, institution, or street address where death occurred:

*10 Port Street*

How long in hospital or institution?

## 3. (a) FULL NAME

*George Johnson*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*M**C**Married*

B. (b) Name of husband or wife

*Annie Cheney Johnson*

7. Birth date of deceased (mo., day, yr.)

*Dec. 15, 1862*6. (c) If alive, give age *45* years

8. AGE:

Years *83*Months *4*Days *11*

If less than one day

hrs. *.....* min. *.....*

9. Birthplace

*Baltimore*

(Town, county, and state)

10. Usual occupation

*Pearl. C. R. Q.*

11. Industry or business

*Locks*

FATHER

12. Name

*Locks*

13. Birthplace

*.....*

MOTHER

14. Maiden name

*.....*

15. Birthplace

*.....*

16. Informant

*Annie Johnson*

Address

*Baltimore, Md.*

17. Burial

Cremation

or removal

Which?

Date thereof

(month)

(day)

(year)

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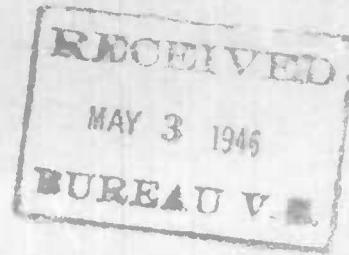
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95B

## CERTIFICATE OF DEATH

Reg. Dist. No. 14-1294

## 1. PLACE OF DEATH:

Talbot  
County

City or town... Wittman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Bertha A. Jones

4. Sex: Female | 5. Color or race: white | 6. (a) Single, married, widowed, or divorced: widow

6. (b) Name of husband or wife: Albert Jones

7. Birth date of deceased (mo., day, yr.): Feb. 18, 1887

6. (c) If alive, give age: years

8. AGE: Years: 59 | Months: 2 | Days: 2 | If less than one day: hrs: min:

9. Birthplace: Wittman Talbot Co. Md.

(Town, county, and state)

10. Usual occupation: Housewife

## 11. Industry or business

12. Name: John Jones

13. Birthplace: Wittman Talbot Co. Md.

14. Maiden name: Elsie Creek Marshall

15. Birthplace: Wittman, Talbot Co. Md.

16. Informant: Bertha Jones

Address: Wittman, Md.

17. Burial: Cemetery or crematory: Olivet

(Burial, cremation, or removal) Which? (Burial, cremation, or removal) Which?

Date thereof: April 23/1946 (month) (day) (year)

Location: St. Michaels, Md.

18. Funeral director: Neurman &amp; Harrison

Address: St. Michaels, Md.

19. 4/23/1946 (Date rec'd by registrar) 1946 (Date signed) Dr. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md | County: Talbot

City or town: Wittman

(If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war:

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH: 20 April 1946, at 0010 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 April 1946 to 20 April 1946

and that I last saw her alive on 19 April 1946

Immediate cause of death: Kidney and heart failure

Due to: Cardiac disease

Due to: Cardiac disease

Other conditions: Gynoarca and tremor

(Include pregnancy within 3 months of death)

## Major findings or operations:

Date of op.:

## Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Herbert Morrison M. D. or other

Address: St. Michaels, Md. Date signed: 20 Apr 46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1302

## CERTIFICATE OF DEATH

64098 290  
Reg. Dist. No.

1. PLACE OF DEATH: *Talbot*  
 County: *Boston*  
 City or town: *(If outside city or town limits, write RURAL and give nearest town)*  
 How long in above place of death? *10 years.*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: *Maryland* County: *Talbot*  
 City or town: *Boston* (If outside city or town limits, write RURAL and give nearest town)  
 Street No.: *17 Second St.* (If rural, give LOCATION)

## 3. (a) FULL NAME

*HARRIETT JONES*

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced		
<i>Female</i>	<i>Colored</i>	<i>Widowed</i>		
6. (b) Name of husband or wife		<i>Henry Jones</i>		
7. Birth date of deceased (mo., day, yr.) <i>Sept. 1881</i>				
8. AGE:	Years <i>64</i>	Months <i>7</i>	Days <i>—</i>	If less than one day
Mrs. min.				
9. Birthplace	<i>Dorchester County, Md.</i>			
(Town, county, and state)				
10. Usual occupation	<i>Domestic</i>			
11. Industry or business	<i>At Home</i>			
12. Name	<i>Elijah Howard</i>			
13. Birthplace	<i>Md.</i>			
14. Maiden name	<i>Margaret Madden</i>			
15. Birthplace	<i>Md.</i>			
16. Informant	<i>Hearne Jones (Daughter)</i>			
Address	<i>Boston, Md.</i>			
17. Burial	Date thereof	<i>April 5, 1946</i>		
(Burial, cremation, or removal? Which?)				
Cemetery or crematory	<i>Unionville Cemetery</i>			
Location	<i>Boston, Md. (Rural)</i>			
18. Funeral director	<i>J. Ellis Clark</i>			
Address	<i>Boston, Md.</i>			
19. Date rec'd by registrar	19.	46	M.D. or other	
Registrar				

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *April 2, 1946* at *2 A.M.*  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 15, 1946* to *April 2, 1946* and that I last saw her alive on *April 1, 1946*.

Immediate cause of death *Acute Arteria*  
 Due to *Arterosclerotic Nephritis* DURATION *17 days*

Due to *Generalized Arteriosclerosis - Hypertension*  
 Other conditions *(Include pregnancy within 3 months of death)*

Major findings of operations *No* Date of op. *No*

Autopsy results *No* Date of op. *No*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *No* Date of *No*

Where did injury occur? *(City or town)* *(County)* *(State)*

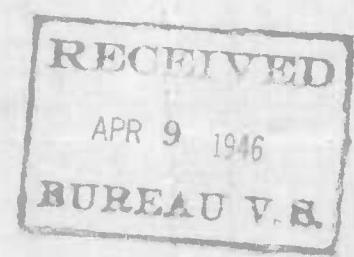
Injured at home, farm, industry, public place (where?) *No*

Means of injury *No* Injured at work? *No*

23. SIGNATURE *P. Bhenga M.D.* M.D. or other *Other*

Address *St. Michaels Md 4444* Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

04699

290

Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....

Talbot

City or town.....

Cordova

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 months

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

HARRY MELVIN JONES

4. Sex

male

5. Color or race

black

6.(a) Single, married, widowed, or divorced

single

## 6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

He February 19, 1986

6.(c) If alive, give age..... years

8. AGE:

Years      Months      Days      If less than one day

—

2

1

hrs.

min.

9. Birthplace.....

Cordova Md

(Town, county, and state)

10. Usual occupation.....

infant

11. Industry or business

Walter Jones

MOTHER FATHER

12. Name.....

Walter Jones

13. Birthplace

Cordova Md.

14. Maiden name.....

Virginia Stanford

15. Birthplace

Bridgeton Md

16. Informant.....

Walter Jones

Address

Cordova Md.

17. Removal

Cordova

(Burial, cremation, or removal. Which?)

Date thereof.....

April 20, 1986

(month) (day) (year)

Cemetery or crematory

Cordova

Location

Cordova Md.

18. Funeral director

Walter Jones

Address

Cordova Md.

19. 4/20

19. 46

(Date rec'd by registrar)

D. H. Dennis

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Talbot

City or town.....

Cordova

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 20, 1986, at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 19, 1986, to April 20, 1986

and that I last saw him alive on April 12, 1986

Immediate cause of death.....

Bronchopneumonia

DURATION

8 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

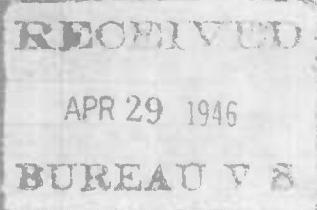
Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

## CERTIFICATE OF DEATH

04100

Reg. Dist. No. 290

1. PLACE OF DEATH: Frost  
 County .....  
 City or town .....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 years.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State ..... Md County ..... Talbot  
 City or town ..... Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. .....  
 ★ (If rural, give LOCATION) 1st. World War

3. (a) FULL NAME  
Leton Emory Lednum.

3. (b) Social Security Number  
213-01-8440

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife John S. Lednum.

7. Birth date of deceased (mo., day, yr.) June 18, 1888 6. (c) If alive, give age ..... years

8. AGE: Years 58 Months 10 Days 1 If less than one day hrs. ..... min.

9. Birthplace Cordova Talbot Co. Md. (Town, county, and state)

10. Usual occupation Merchant.

11. Industry or business

MOTHER FATHER  
12. Name Henry Lednum 13. Birthplace Cordova, Talbot Co. Md.

14. Maiden name Mary Hampton 15. Birthplace Talbot Co. Md.

16. Informant Mary Alice Lednum

Address Talbot Md.

17. Burial Burial Date thereof April 22, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Town Hill

Location Talbot Talbot Co. Md.

18. Funeral director All Wofford

Address Easton Md.

19. 4/20 19 46 N. H. Nease  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 19 46 at 2:34 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19 44 to April 1 19 46

and that I last saw him alive on April 1 19 46.

Immediate cause of death Residual embolus DURATION

Due to Accidental fall from balcony

Due to Arteriosclerotic cardiovascular disease

Other conditions Leukemia DURATION

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. V. Palmer M. D. or other

Address Easton Md. Date signed 4/20/46

RECEIVED

APR 29 1946

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

64101

## CERTIFICATE OF DEATH

Reg. Dist. No. 297

## 1. PLACE OF DEATH:

County Trebet  
 City or town Rural Trappe  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.  
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Laura Dryer Leonard

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

M.

6. (b) Name of husband or wife

John Clyde Leonard

7. Birth date of deceased (mo., day, yr.)

Feb. 23, 18916. (c) If alive, give age 63 years

8. AGE: Years

55

Months

16

Days

If less than one day

..... hrs. .... min.

9. Birthplace

Trappe, Md.

(Town, county, and state)

10. Usual occupation

Clotheswife

11. Industry or business

John S. Dryer

FATHER

12. Name

John S. Dryer

13. Birthplace

Md.

MOTHER

14. Maiden name

Mollie G.

15. Birthplace

Md.

16. Informant

Laura Leonard

Address

Trappe, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 11, 1946  
(month) (day) (year)Cemetery or crematory Green Cemetery

Location

Rural Trappe, Md.

18. Funeral director

Neil Clark

Address

Baltimore, Md.

19. Date rec'd by registrar

Apr. 10 - 1946

(Date rec'd by registrar)

Ingraham and Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TrebetCity or town Rural Trappe  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 9 1946 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1945 to Apr. 9, 1946 and that I last saw her alive on Apr. 8, 1946.

Immediate cause of death

Excessive & Stoned & Drunk 2 weeks

DURATION

Second to Cardiac arrest1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Joseph L. Ross M. D. or otherAddress Trappe, Md. Date signed Apr. 10, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

## CERTIFICATE OF DEATH

04102  
290

Reg. Dist. No.

## 1. PLACE OF DEATH:

County: Talbot

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

108 Hammond St.

How long in hospital or institution?

## 3. (a) FULL NAME

FANNIE MILLS

## 4. Sex

Female Colored Spouse

5. Color or race

6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

Emory Mills

## 7. Birth date of deceased (mo., day, yr.)

Nov. 28, 1894

6. (c) If alive, give age 49 years

## 8. AGE: Years Months Days If less than one day

51 4 16 hrs. min.

## 9. Birthplace

Denton, Md.

(Town, county, and state)

## 10. Usual occupation

Domestic at Home

## 11. Industry or business

Edward Miller

(Name of employer)

Edward Miller

## 12. Name

Edward Miller

## 13. Birthplace

Maryland

## 14. Maiden name

Laura Bridget

## 15. Birthplace

Tiburon Maryland

## 16. Informant

Emory Mills

Address: Denton, Md.

## 17. Burial, cremation, or removal (which?)

Burial Richards

Date thereof April 17, 1946

(month) (day) (year)

## Cemetery or crematory

Denton, Md.

## Location

P. C. Clark

## 18. Funeral director

Denton, Md.

Address

N. H. Morris

## 19. Date rec'd by registrar

7/15 1946

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State:

Maryland County: Talbot

City or town:

Denton (If outside city or town limits, write RURAL and give nearest town)

Street No.:

108 Hammond St. (If rural, give LOCATION)

## 2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 14 1946 at 12<sup>50</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 8, 1946 1946 April 14 1946

and that I last saw h. or alive on April 13 1946 1946

## Immediate cause of death

Unusual Disease

Due to: Auto Rheumatoid Arthritis

Duration 1 yr

## Due to:

Hypertension

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

None

Date of op. ✓

## Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work? ✓

## 23. SIGNATURE

P. H. Morris, M.D. M. D. or other

Address: 27 Michaels Rd. Date signed: 7/15/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 20 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

04103  
290

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County.....

Salisbury Co.

City or town.....

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 da.

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?.....

2 da.

## 3. (a) FULL NAME

Louise Prechal

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Joseph Prechal

7. Birth date of deceased (mo., day, yr.)

June 17, 1891

67 years

8. AGE:

Years

Months

Days

If less than one day

54

9

29

hrs.

min.

9. Birthplace.....

Czechoslovakia

(Town, County, and state)

10. Usual occupation.....

H.W.

11. Industry or business.....

Roman Richards

12. Name.....

Czechoslovakia

13. Birthplace.....

14. Maiden name.....

Richards

15. Birthplace.....

Czechoslovakia

16. Informant.....

Mrs. Frank Hayes Baum

Address 1720 Arlington Ave., Relay Md

17. Burial, cremation, or removal (which?)

Burial

Date thereof..... 4/19/46

(month) (day) (year)

Cemetery or crematory.....

Oak Hill

Location.....

Baltimore Md

18. Funeral director.....

Marvin E. Neiman &amp; Son

Address.....

Easton Md.

19. (Date rec'd by registrar).....

19

46

46

N.Y. Meier

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Calvert

City or town

Easton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 15 1946 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 11 1946 to April 15 1946

and that I last saw her alive on April 15 1946

Immediate cause of death.....

Cardio - renal disease

DURATION

1 year

Due to.....

Due to.....

Other conditions.....

Diabetes mellitus

5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

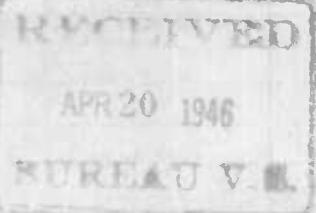
J. E. Cox M.D.

M. D. or other

Address.....

Easton Md

Date signed 4-16-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

04104

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot County  
City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 daysHospital, institution, or street address where death occurred: Memorial Hospital

## 3. (a) FULL NAME

Anton Sanders4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced -6.(b) Name of husband or wife: -7. Birth date of deceased (mo., day, yr.) unknown 6.(c) If alive, give age years8. AGE: Years 83 Months  Days  If less than one day  hrs.  min. 9. Birthplace Austria (Town, county, and state) Labree10. Usual occupation: Business11. Industry or business BusinessFATHER 12. Name Business13. Birthplace "MOTHER 14. Maiden name Business15. Birthplace "16. Informant R. Ellis ClarkAddress Easton, Md.17. Burial Date thereof May 1 1946 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory SpringfieldLocation Easton, Md.18. Funeral director R. Ellis ClarkAddress Easton, Md.19. 4/29 1946 N.H. Nevin (Date rec'd by registrar) (Registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Oxford (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war. \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1946 at 6 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 29 1946 and that I last saw him alive on April 28 1946.Immediate cause of death: Chronic myocarditis

DURATION

years

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions Pneumonia type 22 DURATION 6 days

(Include pregnancy within 3 months of death)

Major findings or operations: \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Asulin F. Beuel M. D. or otherAddress 1701 Franklin St. East Date signed April 29 1946

RECEIVED

MAY 7 1946

BUREAU OF INVESTIGATION

Boiler M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore M.D.

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

04105

## 1. PLACE OF DEATH:

County Talbot County

City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 days

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 15 days

## 3. (a) FULL NAME

John Henry Smith

4. Sex M

5. Color or race B

6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

1 - 46

6. (c) If alive, give age years

8. AGE:

Years 3 Months Days

If less than one day

hrs. min.

8. Birthplace

Easton, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Daniel Smith

13. Birthplace Va.

14. Maiden name Mary Farnam

15. Birthplace Talbot Co. Md.

16. Informant

Sam W. Stefford

Address

Easton, Md.

17. Burial

Date thereof 4/18/46

(Burial, cremation, or removal, which?)

Cemetery or crematory

Easton

Location

Easton, Md.

18. Funeral director

Carl Goldsborough

Address

Easton, Md.

19.

4/18/46

(Date rec'd by registrar)

N.H. Nease

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17

1946, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 3 1946, to April 17 1946

and that I last saw him alive on April 17 1946

Immediate cause of death

Tuberculosis meningitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

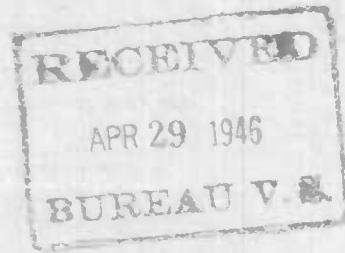
Injured at work?

23. SIGNATURE

J. Tyler Baker, M.D. or other

Address Easton, Md.

Date signed 4/17/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

84110

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot County  
City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 6 days

## 3. (a) FULL NAME

Raymond Smith

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mrs Ruth Smith

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age years Feb. 4, 1899

8. AGE: Years Months Days If less than one day 42 2 9 .hrs. min.

9. Birthplace Federalsburg Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Factory

MOTHER FATHER 12. Name George Smith

13. Birthplace Md.

14. Maiden name John Dukes

15. Birthplace Federalsburg Md.

16. Informant Mrs Ruth Smith

Address Duxton Rd. R.D.

17. Burial Cemetery or crematory Concord

(Burial, cremation, or removal. Which?)

Date thereof 4/19/46  
(month) (day) (year)

Cemetery or crematory Concord

Location Concord Md.

18. Funeral director Marvin Williamson

Address Federalsburg Md.

19. 4 14 1946  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1946 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-8-46 1946 to 4-13 1946

and that I last saw him alive on 4-13 1946

## Immediate cause of death

Respiratory myocardial failure

DURATION

Due to Chronic Emphysema

Due to

Other conditions Cardiac failure

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE L. Tyler Ballou M.D. or other

Address Easton Date signed 4-14-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

RECEIVED

APR 20 1946

BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Bd*

## CERTIFICATE OF DEATH

Reg. Dist. No. *111290*

## 1. PLACE OF DEATH:

County

*Sussex Talbot*

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

12 da.

Hospital, institution, or street address where death occurred:

*Memorial Hospital*

How long in hospital or institution?

12 da

## 3. (a) FULL NAME

*George Sullivan*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Male**Black**Married*

6. (b) Name of husband or wife

*Georgia Young*

6. (c) If alive, give age and years

*55*

7. Birth date of deceased (mo., day, yr.)

*Oct. 10, 1879*

8. AGE:

Years

Months

Days

If less than one day

66

5

27

hrs.

min.

9. Birthplace

*Tanis Mills, Md.*

(Town, county, and state)

10. Usual occupation

*Laborer*

11. Industry or business

*Farm*

MOTHER FATHER

12. Name

*Melvina*

13. Birthplace

"

14. Maiden name

*Maria Copper*

15. Birthplace

*Layton Mills, Md.*

16. Informant

*Richard Copper*

Address

*Easton, Md.*

17. Burial

*Burial*Date thereof *8/11/46*

(Burial, cremation, or removal. Which?)

(Month) (day) (year)

Cemetery or crematory

*St. Paul's Church*

Location

*Ridgeley, Md.*

18. Funeral director

*John D. Neelgas*

Address

*Easton, Md.*

19. (Date rec'd by registrar)

*4/10**1946**N.H. Neelgas*

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*

County

City or town *Sussex*

County

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Apr. 9**1946**12 50 p.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Mar. 28**1946**1946**1946*and that I last saw him alive on *Apr. 9**1946**1946*

Immediate cause of death

*Myocardial failure*Due to *Chronic Myocarditis*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*J. Tyler Beale, M.D.*

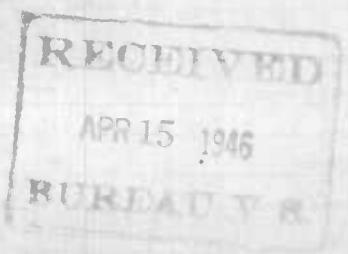
M. D. or other

Address

*Easton, Md.*

Date signed

*4/10/46*



I

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33a

04108

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 dn.

Hospital, Institution, or street address where death occurred:

Memorial Hospital, Easton, Md.

How long in hospital or institution? 2 days

## 3. (a) FULL NAME

Lillian Margaret Welch

## 3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

7 W Married

6.(b) Name of husband or wife Wm. Woodrow Welch

6.(c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1915

8. AGE: Years Months Days If less than one day

30 7 27 hrs. min.

9. Birthplace Sugar Grove, W. Va.

(Town, county, and state)

W. Va.

10. Usual occupation

11. Industry or business

Charles Bowers

12. Name

13. Birthplace

W. Va.

14. Maiden name

Margaret Harold

15. Birthplace

W. Va.

16. Informant

Wm. W. Welch

Address

Easton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/21/46

(month) (day) (year)

Cemetery or crematory

Petersburg W. Va.

Location

Petersburg, W. Va.

18. Funeral director

F. C. Davis

Address

Easton, Md.

19. Date

4/29

19. Date

4/6

D. H. Morris

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. 121 N. Harrison St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 29 1946 at 12<sup>07</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-27-46 19 4-29 19 46

and that I last saw her alive on 4-29 19 46

Immediate cause of death

aphleby

Due to

malignant hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

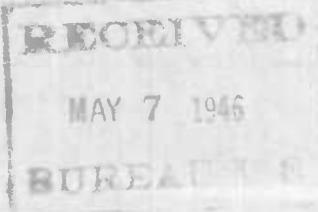
23. SIGNATURE

J. S. Cox M.D.

M. D. or other

Address

Easton, Md. Date signed 4-29-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore VII-e

## CERTIFICATE OF DEATH

04109

Reg. Dist. No. 294

MARGIN RESERVED FOR BINDING  
I  
T  
VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Talbot  
City or town Sherwood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 96

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Irving Wells.

4. Sex

man

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife.

Eva May Harrison

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

Dec. 16 1896

8. AGE:

Years 56

Months 4

Days 10

If less than one day hrs. min.

9. Birthplace

Delaware.  
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Charles D. Wells

FATHER

MOTHER

12. Name

Name

13. Birthplace

Birthplace

14. Maiden name

Maiden name

15. Birthplace

Birthplace

16. Informant

Mrs Irving Wells.

Address

Sherwood, Md

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Cemetery

Location

Sherwood

18. Funeral director

Newman &amp; Harrison

Address

St. Michaels, Md

19. Date rec'd by registrar

Apr. 29th

19. Date signed

19. Date signed

19. Date signed

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Talbot

City or town

Wilmington, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

World War. I

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

218-07-3775

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 26 1946, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to 1946, and that I last saw her alive on April 26 1946.

Immediate cause of death

Hepatatic cirrhosis

Due to

Exsanguination

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Irving Wells, M.D. or other

Address

Wilmington, Del. Date signed Apr. 29th 1946

